

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401692360

Date Received:

07/03/2018

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

Spill report taken by:
GINTAUTAS, PETER

Spill/Release Point ID:
455229

OPERATOR INFORMATION

Name of Operator: <u>HYNDREX RESOURCES</u>	Operator No: <u>42640</u>	Phone Numbers
Address: <u>1531 4TH AVE</u>		Phone: <u>(970) 481-6372</u>
City: <u>GREELEY</u> State: <u>CO</u> Zip: <u>80631-4145</u>		Mobile: <u>(970) 481-6372</u>
Contact Person: <u>James Berger</u>		Email: <u>jamesberger2@aol.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401652819

Initial Report Date: 05/24/2018 Date of Discovery: 05/22/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NW/SW SEC 20 TWP 2N RNG 66W MERIDIAN 6

Latitude: 40.124211 Longitude: -104.799367

Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: FLOWLINE Facility/Location ID No _____

Spill/Release Point Name: _____ No Existing Facility or Location ID No.

Number: _____ Well API No. (Only if the reference facility is well) 05- _____

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? No

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

Were Five (5) barrels or more spilled? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

Estimated Other E&P Waste Spill Volume(bbl): >=1 and <5 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Fresh water used to flush line was pushed out of line when repair failed

Land Use:

Current Land Use: CROP LAND Other(Specify): _____

Weather Condition: dry

Surface Owner: OTHER (SPECIFY) Other(Specify): private owner

Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):

Waters of the State Residence/Occupied Structure Livestock Public Byway Surface Water Supply Area

As defined in COGCC 100-Series Rules

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

Line had been evacuated and then fresh water was pumped thru line and then evacuated again. This was done because a 10" oil transmission line was being installed (Noble) and my line (Hyndrex) is a fiberglass line that had been installed by a previous owner with no tracer wire. I assumed that a line strike could easily happen in this situation and it did. I figured that if and when that happened it would not be a danger or an environmental problem. After the strike I had a roustabout company repair the fiberglass with exact fiberglass components. After the 10" line was in and past me I was told I could start up again. I pressured up the line with natural gas to 35 psi and was going to shut everything in overnight to see if the line would hold pressure. It did not. The repair on the line did not hold and residual water in the line was pushed out of the failed repair to surface. I shut everything in and the leak stopped.

List Agencies and Other Parties Notified:

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	07/02/2018			
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown		
OIL	_____	_____	<input checked="" type="checkbox"/>		
CONDENSATE	0	0	<input type="checkbox"/>		
PRODUCED WATER	0	0	<input type="checkbox"/>		
DRILLING FLUID	0	0	<input type="checkbox"/>		
FLOW BACK FLUID	0	0	<input type="checkbox"/>		
OTHER E&P WASTE	0	0	<input type="checkbox"/>		
specify: Oil release was removed with contaminated soil					
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>					
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>					
A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit					
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature					
Surface Area Impacted: Length of Impact (feet):		50	Width of Impact (feet): 20		
Depth of Impact (feet BGS):		6	Depth of Impact (inches BGS): _____		
How was extent determined?					
visual and soil testing					
Soil/Geology Description:					
cropland					
Depth to Groundwater (feet BGS)		20	Number Water Wells within 1/2 mile radius: 36		
If less than 1 mile, distance in feet to nearest		Water Well 336	None <input type="checkbox"/>	Surface Water 1404	None <input type="checkbox"/>
		Wetlands 1404	None <input type="checkbox"/>	Springs _____	None <input checked="" type="checkbox"/>
		Livestock 2600	None <input type="checkbox"/>	Occupied Building 314	None <input type="checkbox"/>
Additional Spill Details Not Provided Above:					

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/02/2018

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown

Other (specify) flowline repair failed

Describe Incident & Root Cause (include specific equipment and point of failure)

Noble was having a pipeline installed in the vicinity of these wells. Flowlines had been evacuated and flushed with fresh water and evacuated again in the event of a line strike. Flowlines previously installed had no tracer wire installed. A line strike did occur but there was no release. After the contractor's repair had been made the repair was backfilled and then retested when Noble was finished and out of the area where any more strikes could occur. The repair failed when the line was being pressured up. Some residual oil that had not been flushed and fresh water were released. Shut line back in and bled pressure off line.

Describe measures taken to prevent the problem(s) from reoccurring:

If another pipeline were to be installed in this area I would evacuate and flush lines again and leave them with no pressure on them. If another line strike occurred I would have the contractor repair the line and test the line prior to backfilling.

Volume of Soil Excavated (cubic yards): 30

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment

Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

REQUEST FOR CLOSURE

Spill/Release Reports should be closed when impacts have been remediated or when further investigation and corrective actions will take place under an approved Form 27.

Basis for Closure: Corrective Actions Completed (documentation attached)

Work proceeding under an approved Form 27

Form 27 Remediation Project No: _____

OPERATOR COMMENTS:

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: James Berger

Title: President Date: 07/03/2018 Email: jamesberger2@aol.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401692362	OTHER
401692363	ANALYTICAL RESULTS
401692364	OTHER

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)